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Domestic Violence Perpetration: Intergenerational impact, behaviour change interventions

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Insights From Australia

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Queensland Australia

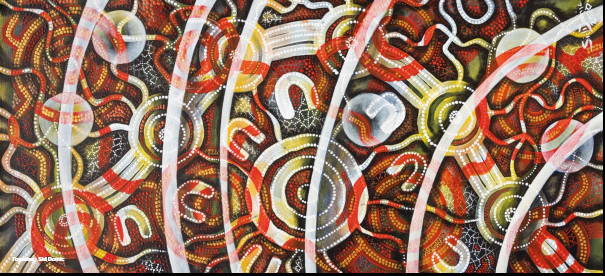
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ACKNOWLEDGEMENT OF COUNTRY

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Overview

- Terminology
- The Australian context of domestic violence (DV) and landscape of interventions for men who use DV
- Research evidence on young people's use of violence in the home
- Research evidence from an Australian MBCP evaluation
- Overview of some other current and emerging Australian intervention examples
- Concluding thoughts



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A note on terminology

- Domestic violence (DV), domestic abuse (DA), family violence (FV), **domestic and family violence (DFV)**, domestic, family and sexual violence (DFS), intimate partner violence (IPV)
- Young people's use of violence
 - Adolescent family violence (AFV), adolescent violence in the home (AVITH), child-to-parent violence (CPV)
- Batterer Intervention Program (BIP), Perpetrator Intervention Program (PIP), **Men's Behaviour Change Program (MBCP)**
- **Perpetrator, batterer, person using violence (PUV)**
- Victim, **victim-survivor**, aggrieved, affected family member
- Family Safety Contact, Women's Advocate
- Protection Orders (POs), Restraining Orders (ROs), Violence Intervention Orders (VIOs), **Domestic Violence Orders (DVOs)**



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Australia

7.7 million sqm
~27.6 million people
5.6 m (QLD) 7.1 m (VIC)



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DFV prevalence and community attitudes in Australia

- **1 in 4** women and **1 in 14** men have experienced **physical and/ or sexual IPV**
- **1 in 4** women and **1 in 7** men have experienced **emotional abuse**
- **1 in 6** women and **1 in 13** men have experienced **economic abuse**
- **Community attitudes**
 - **9 in 10** Australians recognise DFV as a national crisis
 - **BUT:** around half don't think it affects their immediate social network/ community
 - 41% say DFV is **committed equally** by men and women
 - 18% agree that sometimes **women make men so angry** that he hits her
 - 15 % say DFV is **excusable** in those scenarios
 - 9% say it's **easy to leave** an abusive relationship
 - 25% say **women who stay are partly to blame** for the abuse




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Shifting the focus from victim-survivors to perpetrators of DFV

- Recent reform agendas – COAG, RCFV, NNNE, WSJT
- National Plan to End Violence Against Women and Children 2022-2032**
 - Aim: to end DFSV in one generation
- Emphasis on recognising children as victim-survivors in their own right
- Emphasis on supporting holistic recovery
- Shift from expectations for victim-survivors to manage risk and safety to perpetrator accountability and behaviour change**
 - Recognition of need for diverse interventions with people using DV, including therapeutic work



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Examples of practice reforms that support focus on use of violence

- Safe & Together**
 - Initially used in Child Safety, rolled out across different service areas depending on jurisdiction
- Multi-Agency-Risk-Assessment-and-Management (MARAM) (VIC)**
- Common Risk Assessment and Safety Framework (CRASF-PUV)**
- Benefits:**
 - Increased confidence in screening and risk assessment
 - Remains greater for victimisation than perpetration in some areas



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DFV (re)offending patterns in Australia

New South Wales birth cohorts study indicates (Payne & Morgan, 2024):


- 6.3% have been proceeded against by police for DV offending by age 37
 - 9.6% for men
 - 3.0% for women
- 1.2% of birth cohort responsible for 50% of DV offending

Australian police data indicates:

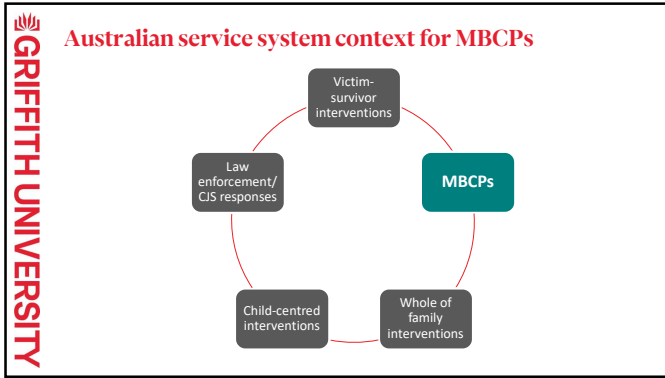
- 1 in 2 (51%) perpetrators were involved in at least one other recorded episode of DFV within four years (Millstead & Coghlan, 2016)
- Almost 1 in 4 (23%) committed a further DFV offence within six months (Morgan et al., 2018)

VIC Court data indicates (Meyer et al., 2020):

- Between 1 in 3 and 1 in 4 (29%) of alleged DFV perpetrators processed in court reappeared for a new DFV matter. Of these:
 - 77% reappeared within 12 months
 - Almost half of those reappeared within first 3 months
 - Risk of recidivism highest in close proximity to recent DFV matter highlights need for timely interventions



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Current evidence base around MBCPs

- Mixed evidence generated by evaluation research
- Limitations of evidence base
 - Small programs
 - Small program evaluations
 - High attrition rates
 - Short-term program evaluations
 - Often no control group
 - One-size-fits-all MBCPs trying to cater for diverse perpetrator populations
 - Observed 'reduction in FV' varies depending on data sources
- Access to evidence based MBCP critical given high recidivism rates
 - Timely access critical given highest recidivism rates within close proximity to previous occurrence
- Accessibility can be associated with long wait times

The image shows a group of people sitting in a circle in a room, possibly a meeting or a therapy session. The Griffith University logo is on the left side of the slide.

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Guiding principles for MBCPs


- **No national minimum standards**
- **May vary from state to state**
 - E.g. minimum duration
- **Some core principles across jurisdictions:**
 - Victim and child safety is the core priority
 - Access to support for victims
 - Immediate response to risk
 - Accountability for violence
 - Skilled workforce
 - Integrated response
 - Cultural safety

The image shows two book covers: 'Compliance Framework for Child Protection Change Programs' and 'Early Intervention: A Guide to Practice'. The Griffith University logo is on the left side of the slide.

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State-based standards example

- Victoria Minimum Standards for Men's Behaviour Change Programs
 - Developed in 2018
 - **20-week minimum duration**
 - **Must include victim advocate/** family safety contact component
 - Must be set up for **information sharing**
 - Must **ensure coordination** with greater community services sector
- Underpinned by **feminist framework** to address gendered nature of DFV
- More recently: **recognising diverse perpetrator population needs**
 - E.g. intersecting and complex needs, culturally and language specific needs
- Post RCFV landscape and COVID pandemic has created opportunities for innovative practices in MBCPs
 - However, not all meet the minimum standards




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Young people's use of violence in the home

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Understanding intergenerational risk, intersecting factors and the need for trauma-informed responses




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Background – Adolescent violence in the home (AVITH)

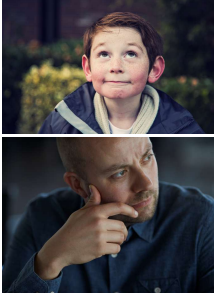

- **Growing concerns** around prevalence of AVITH in recent years
 - Police, courts, child & youth mental health, child protection
 - E.g. ~1 in 10 people reported to VicPol for DFV are aged 10-19 yrs
- **Growing body of evidence**
 - Especially UK, Europe & Australia
- Many **early responses focused on perpetration** and accountability
- **Call for trauma-informed responses** more recent (e.g. Campbell et al. 2020; Fitz-Gibbon et al., 2022; Meyer et al., 2021, 2024)



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Similarities and differences between AVITH and DFV

- Some gendered patterns (e.g. son-to-mother perpetrated AVITH)
- Social learning, power & control, using violence to get your needs met
- Underlying trauma, mental health problems, cognitive disabilities
- Young people's responsiveness to early interventions
- Missed opportunities if we wait for (adult) perpetrator to 'emerge'

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National survey of young people in Australia

ANROWS funding (2021-2022)

Victim survivor voices


Monash & AIC colleagues

- Prof Kate Fitz-Gibbon
- Prof JaneMaree Maher
- Prof Steven Roberts
- Dr Katherine Benier
- Dr Hayley Boxall



Adolescent family violence in Australia:
A national study of prevalence, history of childhood victimisation and impacts


Project page:
<https://www.anrows.org.au/publication/adolescent-family-violence-in-australia-a-national-study-of-prevalence-history-of-childhood-victimisation-and-impacts/>



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Research Design



- A national survey of 5,021 young Australians aged 16-20 years old.
- Survey respondents were asked a series of questions about their sociodemographic characteristics, their current living arrangements, and their experiences of:
 - **'witnessing' violence** between other family members
 - **being subjected to direct forms of abuse** perpetrated by other family members, and
 - their **use of violence** against other family members.
- Survey respondents were also asked to provide detailed information about **impacts of their experiences of DFV, help-seeking and support needs.**



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Sample characteristics

- 67% assigned female at birth
- 33% assigned male at birth
- 4% gender diverse or questioning
- 31% diverse sexual orientation
- 5% First Nations young people
- 10% NESB
- 36% reported at least one disability
- 83% of young people resided in a major city, 15% in a regional area and 2% in a remote area

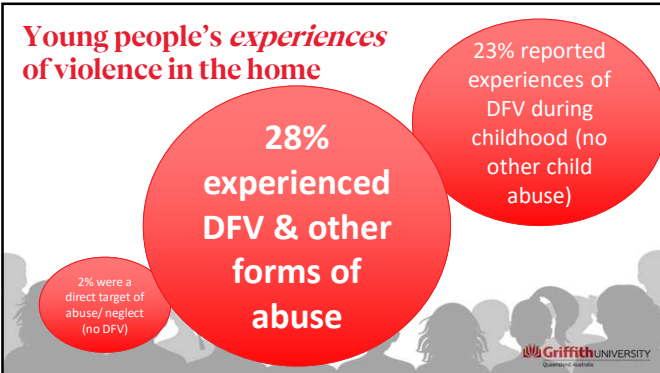

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Young people's experiences of violence in the home

28% experienced DFV & other forms of abuse

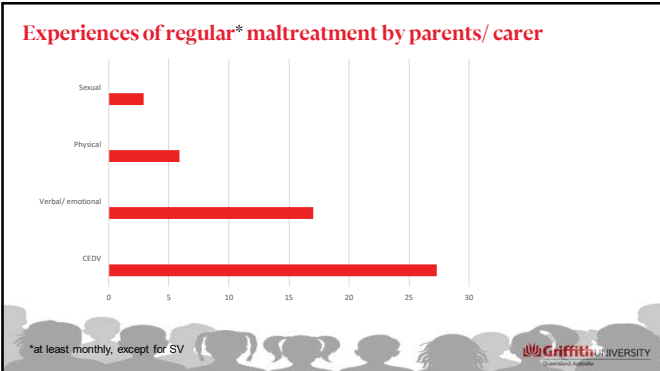
23% reported experiences of DFV during childhood (no other child abuse)

2% were a direct target of abuse/neglect (no DFV)


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Experiences of regular* maltreatment by parents/ carer

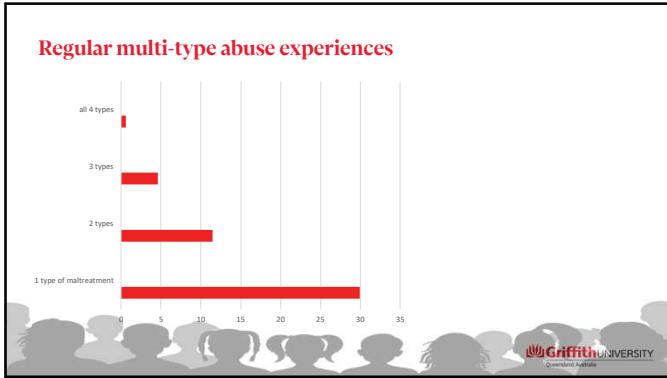


Maltreatment Type	Percentage
Sexual	~3%
Physical	~6%
Verbal/emotional	~17%
CEOV	~27%

*at least monthly, except for SV



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Intersection between CEDV and other maltreatment

- YP reporting **regular CEDV** are **5.5 x** more likely to experience **regular physical abuse**
- YP reporting **regular CEDV** are **29.7 x** more likely to experience **regular emotional/verbal abuse**

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Nature and prevalence of self-reported AFV

Prevalence of AFV
1 in 5 (20%) survey respondents reported using any form of adolescent family violence

The most common forms were:

- VERBAL ABUSE (19%)
- PHYSICAL VIOLENCE (10%)
- EMOTIONAL/PSYCHOLOGICAL ABUSE (9%)

Siblings and mothers were most at risk of being subjected to AFV:

- Two in three respondents (68%) had used violence against a sibling (including stepsiblings)
- Half (51%) had used violence against their mother (included adoptive mothers)

Of those young people who were able to provide the age when they had started to use violence against family members (60%), 42% were 10 years old or younger.



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Intergenerational transmission of violence

- YP reporting **regular physical abuse** are **1.5 x** more likely to use AVITH as a pattern of behaviour
- YP reporting **regular emotional abuse** are **5.5 x** more likely to use AVITH as a pattern of behaviour
- YP reporting **regular CEDV** are **5.5 x** more likely to use AVITH as a pattern of behaviour



→ Highlights the significant impact of non-physical forms of child maltreatment



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Priority populations and disproportionate risk of harm

- **YP living with a disability** more likely to report use of violence in the home **and** at higher risk of all maltreatment experiences, incl. multi-type abuse experiences
- **LGBTIQ+ YP** more likely to report use of violence in the home **and** at higher risk of childhood victimisation experiences
- **Cisgender females and LGBTIQ+ YP** more likely to experience all forms of maltreatment compared to cisgender boys



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Young people making sense of their use of violence



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Nature of intergenerational use of violence

- I used to be quite a rebel when I was a kid. Thought you could solve most arguments with yelling and violence, as per fatherly influence. As I got older I began to realise I was becoming like my Father, a topic I often swore to stay away from when crying to sleep. (Survey participant, male, 19, heterosexual)
- Growing up surrounded by my father's violence and stress. (Survey participant, male, 20, heterosexual, First Nations)
- Taking in behaviour from my father and unwillingly becoming like him. (Survey participant, female, 17, bisexual)
- I'm think I may sometimes be violent with my father when we get in a bad fight because when I was younger, he'd use violence on me when we were in a fight or to punish me and I want to show him that he can't just push me around. (Survey participant, female, 17, heterosexual)



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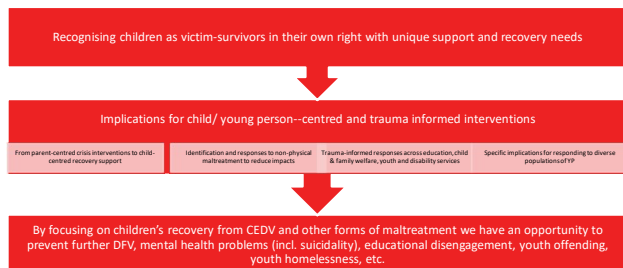
Study Findings: Service & Support Needs

Service and support needs
Young people who had used violence in the home identified a number of related support needs, including:

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Policy and practice implications



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Evaluation of the YFS Responsible Men Program



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YFS Responsible Men Program: Service Model
A DFV behaviour intervention program in Logan City, Queensland



Responsible Men's PROGRAM MODEL
The Responsible Men's program includes three core elements: the Group Program, Women's Advocacy, and Service Integration.

GROUP PROGRAM
A 16 or 22 session place-based group program based on the Dutch model of intervention and underpinned by a gendered analysis of DFV.

WOMEN'S ADVOCATES
A trauma informed support service for victims-survivors affected by program participants use of DFV.

SERVICE INTEGRATION
Collaboration and information exchange between key services frequently in contact with men who use DFV.

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Evaluation Aims

To identify:

- Program uptake and completion rates
- Factors associated with men's program (non-)completion
- Factors associated with men's behaviour change
- Factors associated with women's safety and wellbeing
- Women's perceptions of the Responsible Men (RM) program and its role in men's behaviour change
- Women's experiences with the Women's Advocacy (WA) component of the RM program
- Potential gaps in current RM program delivery
- Potential gaps in current WA service delivery
- Future directions for the RM program, its WA component and its integration into the wider DFV service response

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Methodology

Data source	Sample size	Nature of data
RM program data linked for program participants and (ex)partners (May 2022 – February 2024)	650 program participants 188 (ex)partners	Quantitative
RM program participants interviews	20	Qualitative
(Ex)partner interviews	18	Qualitative
Stakeholder focus group interviews	1 facilitator focus group (n= 6) 1 WA focus group (n = 3) 2 stakeholder focus groups/ small group interviews (n = 5)	Qualitative

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Protection order and other system involvement of program participants

57% are the respondent on a current DVO

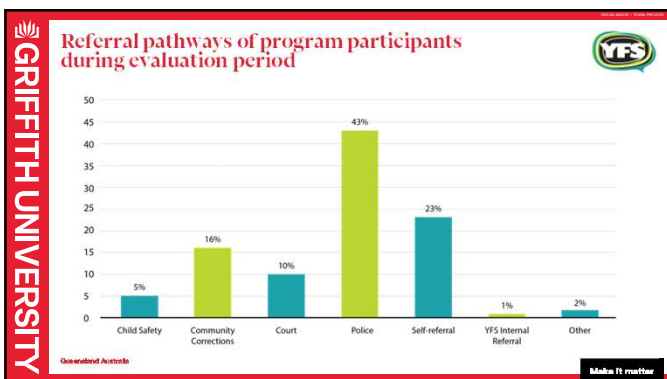
- 1 in 10 - multiple DVOs
- 1 in 7 - between 1 and 3 prior DVOs
- 1 in 4 - 1+ breach recorded against their current DVO

Other orders at time of program commencement

- ~10% subject to Intervention Order
- ~17% subject to P&P Order
- ~7% subject to Family Law Parenting Order
- ~11% involved with child protection

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Sample characteristics

Male program participants

- 24% of men report **mental health** diagnosis
- 25% of men report **harmful substance use**
- 13% reported **housing instability** at intake

(Ex)partners of program participants


- 79% in **ongoing relationship** with RM participant
- 65% reported **stable housing** at time of engagement with WA
- Average period of **engagement with WA** was 3.9 months



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Key Findings



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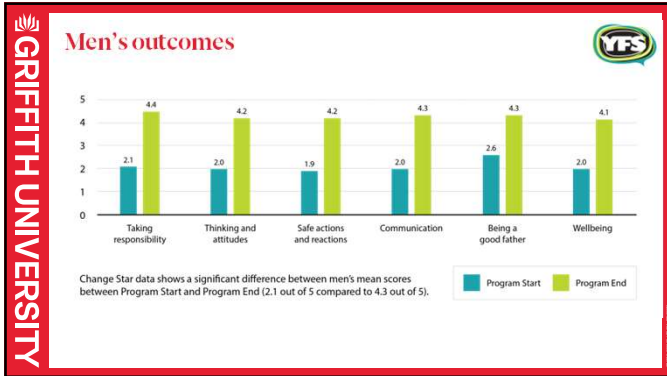
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Engagement

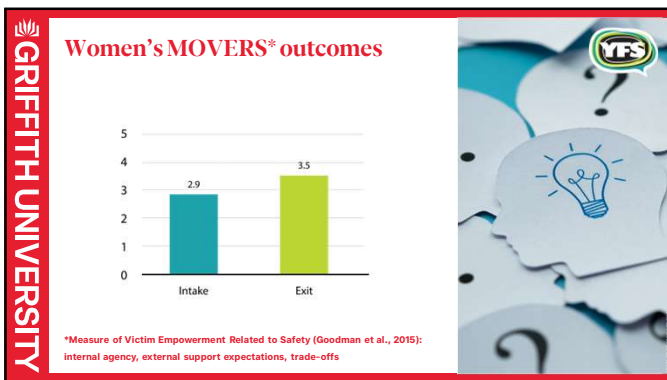


- **~43% of referrals commence the RM program**
 - Of these, **~44% complete the program**
- **Self- and court-referred** men most likely to engage and complete
- **Reasons for non-completion**
 - **Removal** from program due to lack of progress or program disruption (~55%)
 - **Disengagement/ withdrawal** (~33%)
 - **External circumstances** (relocation, change in employment, incarceration) (~12%)

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-
- Factors associated with variations in men and women's outcomes**
- RM uptake and completion affected by **housing stability, relationship status, and referral pathway**
 - RM **completion** significantly **improves men's outcomes**
 - RM **completion** significantly **improves women's safety outcomes overall**
 - **Relationship status** associated with **women's safety outcomes**

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Qualitative evaluation data

- 38 RM program participants provided initial consent to being contacted about an interview
- **20 RM program participants completed an interview (50% f2f, 50% via phone)**
 - 14 interviewed at program exit
 - 6 interviewed 4-6 months post program exit
 - Average interview length of 33min (ranging from 15 – 60min)
- 25 women affected by program participants use of DFV provided initial consent to being contacted about an interview
- **18 women completed an interview (100% via phone)**
 - 12 interviews at time of men's program exit
 - 6 interviews 4-6 months post program exit
 - Average interview length of 24min (ranging from 12 – 47min)

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Interview sample

- **Not a matched sample**
 - Not intended to be; program participants and women engaged with the WA component were invited and eligible to participate regardless of the other party's participation
 - **Of the 20 men's interviews, we were able to cross reference 6 with an (ex)partner interview**

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Key findings – Improved understanding

[Y]ou actually don't know how far domestic violence is until you do the program really. I know – I really know – it was, "Hey, what did you do with your money yesterday?" or, "Hey, who just texted you?" or, "That's a bit short of a skirt to wear," something like that. It really opens up your eyes to exactly what domestic violence is. (*Eli, separated*)

[W]hen they start breaking it down, and then think, oh, okay, and then the people – and then they start putting it out there, so you can see what it is by domestic violence. **And that opened my eyes, and I was like, "Oh man. I need to change."** (*Brian; partnered*)




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Key findings – Improved behaviour & interactions

It's certainly not a fix all scenario but it's enlightened me [...] When I first finished the first program [...], it was going good, yeah. My wife was so happy. She noticed a lot of changes and I was just a lot calmer, and yeah, she could actually talk to me [...] because I wasn't reacting – I wasn't being a [dick] like I used to be. I used to just cut things off, you know? I'm a lot more reasonable and – yeah. We can agree to disagree now. **Before it was always my way or the highway [...]** It's been a life saver. *(James; partnered; positive change validated by partner)*



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Key findings – Improved behaviour & interactions

So the relationship between me and my ex-partner has just become a lot easier. Little things between me and her. We're a lot more civil and a lot more understanding of each other's way of processing and way of dealing with things [...] there's **probably a bit of change from both sides but I think mainly changing my behaviour – because my behaviour was a lot worse than what hers was.** *(Clay, separated)*



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Key findings – Turning points

My first night here, I came in thinking that I hadn't done **anything wrong, from day one.** I think it was the second night, Week 2, I'm still thinking I'm not at fault and put the blame all on the wife. **Then I think Week 3,** after listening to all the other - there was a video we watched, Week 3, I sort of watched the video, and then I sort of can see myself in that video. And I sort of clicked, I went, **man, that's me. That's me right there. All the abuse, and the trust and jealousy and all that.** That was me. Yeah, it sort of hit me there. It was Week 4. *(Nicholas; partnered)*




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Key findings – Accountability

And then the other thing I've also realised is **words said out loud, I can't take back**. All the nasty, horrible shit I say when I'm completely drunk, I can't wake up in the morning and go, "Look I was just kidding." **You've done the damage.** (*Jacob; partnered*)

I do also want to point out that I've had a strained relationship because of domestic violence; not with my son's mother – I've got two daughters – so with another woman – my ex-wife that we separated back in 2010. Because of domestic violence we've had a strained relationship [...]. The course has taught me to be accountable for my actions. **It's not anybody else's fault except my own.** (*Liam; partnered*)



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Reflection on AOD use

[U]sually when I'm hit with something like this [bad news] I'm straight over to the drugs. [...] **I'd just disappear days on end. I didn't give a shit** about anyone. But this time around after being clean for three years I've stuck it out, I haven't left, **I'm up being a responsible parent** to the two kids that are here. (*Anthony; separated*)

Yeah, absolutely [thanks to this program]. Like I said, **I think back to all the time I wasted being drunk when I could've been out doing stuff with my family**, and then – instead of waking up hungover, I'll wake up early in the morning and then go and do stuff with the kids and that. (*Brian; partnered*)

They [children] are a lot happier. They're a lot – they understand. **They know I'm happier. They know I'm healthier. They know that my head's clearer.** [...] It was a big thing. It was a very, very big thing because, yeah, the drugs that I used to do were pretty full on. (*Eli; separated*)




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Considerations of post program support

So I guess something along the lines of **is there something else for people once they finish this program to potentially check back in** with each other or to check back in with the program or – I don't know because a lot of us do get a lot out of this, so I guess my question would be around like is there a follow or is there a progression (*Brandon, separated; ex-partner described ongoing coercive control*)



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Ex-partner experiences

Lack of behaviour change (n= 10 out of 18)

- He's **breached it [the DVO] many a times.** [...] He takes no ownership. [...] But [he] would just go, "What I'm learning in this course, you're the one. It's you. You're the offender. **It's not me, it's you.**" (Madison; separated)
- [He is] **still doing your whole vexatious litigation thing,** he loved doing that, threatening me with legal action if I don't do what he says. So the only change in behaviour I've seen is that he's dropped off harassing me directly [...] so no, **I wouldn't say I've really seen an improvement in behaviour.** (Rachel; separated)
- I have said no to Facetime multiple times because he gets to use it to continue his DV or in recent phone calls last year like **he was trying to get the kids to search for toys in different rooms. The kids were moving around the house so he could see where we live, what we're doing, who was with us.** (Rachel; separated)
- **He got better at manipulating'** (Anastasia; separated)
- **I don't know the content on what he had, but I just feel like these sorts of programs should assist these people to hold themselves accountable for their actions, identify where they went wrong, and just be reflective of themselves. And I feel, instead, that it was just - the excuses intensified.** (Hannah; separated)

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Ex-partner experiences

Positive change (n= 8 out of 18)

- **I think it helped a lot,** just have that interaction of actually going somewhere every week and being made – I guess – being made to actually do it. It was kind of like there was no option. It was probably the first [...] thing that **he had actually committed to properly kind of thing because they had sort of made him accountable.** (Chloe; partnered)
- Yeah, **he's not drinking anymore. He's not aggressive or verbally abusive.** It [the program] basically stopped him from drinking. (Marie; partnered)
- I think for me personally, and for [partner], I feel like the course was amazing and I feel like more people should do it. I feel, yeah, you sort of – **we came away very grateful. I was worried that he would revert back, but he hasn't.** Yeah. He's doing really well, really well. (Anna; partnered)
- I know when the classes came to an end, he was a bit sad about it because he really enjoyed them and **he would have just kept going, but now that it's been a while he's been really, really good so, obviously, the course it did its job for him.** He was – he wanted – his motive was right, so I think that's why he benefited from it so much and he has **come away from that experience wanting to be a more responsible man.** [...] (Anna; partnered)

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Key observations

- Varying degrees of **external and internal motivation** and **some never shift**
- Some reflections suggest **greater progress on achieving knowledge and understanding than recognition and acknowledgement** of harm and accountability
- **Acknowledgement of harm and accountability** are key factors in men's change
 - From men and women's perspective
- **Better outcomes among partnered men**
 - Based on program data and women's interviews
- Where behaviour change is lacking, men often just **shift tactics**
- **WA component** plays a critical role in women's safety and wellbeing

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Other findings based on program staff and community partner organisation input

- Findings support need for **maintenance program/ work**
- Findings support **case management component**
 - Pre-engagement phase
 - Parallel to program
- Findings highlight benefits of **integrated response**
- Findings highlight **critical role of WA component**
 - For many women this is the **first point of DV specialist contact/ support**




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Implications

- Considering/ reviewing **motivation to change** regularly to better understand if/ when shifts occur
- **Change is possible but varies**
- **WA component must be dedicated component** of MBCPs
- Evaluations must include the **voices of victim-survivors**
- Consideration should be given to relationship status with findings suggesting **greater risk to ongoing victimisation among separated women**



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Other examples of perpetrator interventions currently available in Australia


- Combined DV & AOD work
- Father-focused work
- Therapeutic accountability work
- Accommodation services
- Interventions for culturally and linguistically diverse men/ families
- Some are pilots without ongoing funding
- Some operate f2f as well as virtually
- Not all meet minimum standards
- Evidence still emerging



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Outcomes of the Caring Dads Program


- Outcomes based on participant and (ex)partner self-reports
- Achieved some of its key objectives
 - Reduction in physical, sexual and emotional abuse
 - Improved safety of mothers and children at exit and 6-months follow up
 - Improved wellbeing of mothers
 - Improved wellbeing of male program participants
 - Reductions on parenting conflict
 - However, separated mothers reported increase in non-physical post separation abuse
 - Manipulation, undermined parenting, coercive control
 - While overall fathers and mothers reported improved outcomes, fathers tended to under-report problematic behaviours
 - Highlights importance of victim survivor voices in program implementation and evaluation



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Motivation for change – In Language, In Culture

- In language, in culture (pre-MBCP) program
- 15-week program designed for men who use violence towards a family member.
- includes group sessions and individual case management.
- 1 on 1 case management
- Holistic assessment of service needs regarding settlement, social engagements, and any other issues arising from their familial relationships.
- Also includes Family Safety Contact work
- Offered in a range of languages and cultures, including to a South Asian, Afghani, and African group. The program facilitators are members of the same cultural communities.
- https://bridges.monash.edu/articles/report/When_you_speak_the_language_you_ve_already_actually_crossed_that_first_hurdle_A_review_of_the_inTouch_Motivation_for_Change_Program/23118308?file=41652681




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Therapeutic accountability work

- Increasing recognition of role of childhood / life course trauma
- Childhood trauma is not an excuse but, if left unaddressed, can be a barrier to engaging in DFV behaviour change**
- Example: Psychedelic-Assisted Therapy for the Prevention of Intimate Partner Violence: A New Frontier for Perpetrator Intervention**
 - develop and test a novel **psychedelic-assisted therapy** intervention for men who use DV
 - engaging organisations and practitioners from the **men's behaviour change sector, lived experience advocates, and leading DV researchers**
 - Targeting **developmental trauma, empathy, insight, and gendered beliefs**
 - Extensive safeguards, including **multi-agency oversight, crisis-response protocols, post-intervention support, and coordinated service pathways, to maximise accountability and survivor safety**
 - <https://research.monash.edu/en/projects/psychedelic-assisted-therapy-for-the-prevention-of-intimate-partn/>



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**Men's Accommodation and Counselling Service (MACS)
(Victoria, Australia)**

- For men removed from the home under civil protection order
- Short-term (14 days)
- Requires active engagement in phone counselling with No to Violence
- Supporting men to transition into independent living arrangements and engage with MBCP provider and other relevant support services
- <https://ntv.org.au/wp-content/uploads/2025/01/MACS-DL-Brochure-2024-DIGITAL.pdf>



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Concluding thoughts

Growing focus on and investment in MBCP work in Australia
 Growing expectation for these to be embedded in integrated/ coordinated community responses
 Growing acceptance/ recognition of trauma-informed work

However:

- Much of it remains 'one-size-fits-all'
- Difficult to build evidence base with small-scale evaluations

Criminalisation remains a key focus

- New coercive control legislations in some Australian jurisdictions

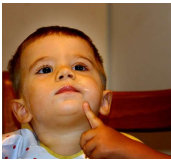
Victim-survivor support must form part of MBCP work
 Victim-survivor voices must form part of evaluation work

- Needs to extend to children

Greater recognition of children as victim-survivors in their own right in Australian policies

- Slowly translating in recognition of disrupting DEV through earlier, trauma-informed interventions

Queensland Australia



Make it matter

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Thank you

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